Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

96 Kaneohe Bay Drive, Kailua, Hawaii 96734	Address:	Facility's Name: Wilson Senior Living Kailua
	Inspection Date: March 31, 2021 Annual	CHAPTER 100.1

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

P3:32

		Resident #2 – No evidence is annual tuberculosis clearance.	Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual reevaluation for tuberculosis;	During residence, records shall include:	RULES (CRITERIA)
	STATE LICENSING STATE LICENSING	To ensure this does not happen again, on the residents monthly summaries, there is a section where we kee or Nurse enters the date of the resident's armual tuberculosis clearance. The PCO or Nurse filling out he monthly summay must make sure the date is not past their current month. This will also help the PCO prepare for upcoming clearances that are about to expire. Please refor to highlighted section of attachment C.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2	PLAN OF CORRECTION
Z8:	EG ET APA IS		4/1/21		Completion Date

	Resident #2 – No evidence of annual Physical Exam.	progress notes, relevant laboratory reports, and a report of annual re- evaluation for tuberculosis;	Annual physical examination and other periodic	During residence, records shall include:	RULES (CRITERIA)
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	Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Resident #2 – No signaling device available at beside (Room #12).	RULES (CRITERIA)
STATE OF HAWAII DOH-OHCA STATE LICENSING	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Signaling pendant was given to resident #2. He was instructed to wear the pendant and press the button when he needs help. A signaling push button was also placed in the resident's from. Assident was also instructed to been button in mis from and press it when he reeds help.	PLAN OF CORRECTION
Ed El 99A IS'	4/1/21	Completion Date

PLAIN YOUR FUTURE DO TO ENSURE THAT PPEN AGAIN? E is present and is ignaling to check the signaling the resident; when the signaling the resident; when the signaling the resident; they the signaling device the signalin	STECTION.
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Miscellaneous: Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system. FINDINGS Resident #2 – No signaling device available at beside (Room #12).	\$11.100 1.22 Physical environment (a)(5)

		FINDINGS Resident #2 – Did not have Melatonin available along with Resident's other medications.	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	RULES (CRITERIA)
STATE LICENSING STATE LICENSING	To prevent this in the future, our medication administration policy has been updated so when administering medications, all routine neclications are to be abailable for the resident. Number of any trained substitute care giver administering medication is not waitable. Please refer to highlighted section of attachment of. This information was also added to the process of auditing the medication cart. Auditing the medication is not present, the Pais to be a medication is not present, the Pais to be a medication is not present, the Pais to be notified immediately. Please see highlinear notified immediately. Please see highlinear of actachment.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
ZE: E4 E1 APA 12"		4/1/21		Completion Date

Licensee's/Administrator's Signature:

Print Name: Lansa Sazon

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STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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